

REPORT FORM

Date: _____

Store #: _____

Retailer Name and Address: _____

County of: _____, State of Massachusetts

Four (4) packs of each brand style must be purchased at five points of sale within each county at approximately the same time.

Two (2) packs of each brand style mailed to:

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street,
Boston, MA 02108-4619
ATTN: Gregory N. Connolly

Two (2) packs of each brand style mailed to:

Elizabeth Chambers
Philip Morris USA
2000 Bells Road
Gate S, Door 100
Richmond, VA 23234

NOTE: Each pack must be labeled and must be mailed from the county in which the product is purchased. These can be mailed (as one container for each mailing address) after every brand style is purchased within the county. Please include a completed copy of this form.

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